LABORATORY REPORT OF ELEVATED BLOOD LEAD LEVELS

LABORATORY	
ADDRESS	
CITY STATE ZIP	
PHONE	DIRECTOR

ARIZONA ADMINISTRATIVE CODE R9-4-301/302 REQUIRES:

CHILDREN < 16 YEARS OF AGE:
All blood lead levels of $10 Fg/dL are reportable within 5 business days. Blood lead levels $45 Fg/dL are reportable within 1 business day.

ADULTS > 16 YEARS OF AGE:
All blood lead levels of $25 Fg/dL are reportable within 5 business days. Blood lead levels of > 60 Fg/dL are reportable within 1 business day.

All results < 10 Fg/dL are reportable by laboratories within 30 days.

PLEASE SUBMIT REPORT TO:

CONFIDENTIAL
LEAD POISONING PREVENTION PROGRAM
OFFICE OF ENVIRONMENTAL HEALTH
ARIZONA DEPARTMENT OF HEALTH SERVICES
3815 NORTH BLACK CANYON HIGHWAY
PHOENIX, ARIZONA 85015
602- 230-5943 1-800-367-6412 FAX 602- 230-5933

Arizona Department of Health Services

PLEASE SUBMIT REPORT BY PHONE, MAIL OR FAX. IF FAXED, PLEASE CALL AHEAD TO ENSURE CONFIDENTIALITY

LAST NAME	FIRST	DOB	ADDRESS	CITY	STATE	ZIP	HOME PHONE

DATE COLLECTED	TEST DATE	☐ MALE ☐ FEMALE	RACE* ☐ WHITE ☐ BLACK ☐ ASIAN ☐ NATIVE AMERICAN ☐ OTHER ___________ ☐ UNKNOWN ETHNICITY* ☐ HISPANIC ☐ NON-HISPANIC

BLOOD LEAD LEVEL ___________ug/dL	☐ VENOUS ☐ CAPILLARY	PHYSICIAN LAST NAME	FIRST	CLINIC	PHYSICIAN ADDRESS	PHYSICIAN PHONE

☐ AHCCCS ☐ KIDS CARE ☐ INDIAN HEALTH SERVICES ☐ TOBACCO TAX ☐ SELF-PAY ☐ PRIVATE INSURANCE ☐ OCCUPATIONAL MONITORING	HEALTH PLAN NAME	HEALTH PLAN ID#	ADULTS: OCCUPATION, BUSINESS NAME, ADDRESS, AND PHONE

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PLEASE SEND WHITE COPY TO THE ADHS. RETAIN YELLOW COPY.

ADHS USE ONLY

DATE RECEIVED:___________

* THIS INFORMATION IS ESSENTIAL FOR CASE MANAGEMENT, ALTHOUGH NOT REQUIRED BY LAW.
ELECTRONIC REPORTING IS AVAILABLE. PLEASE CONTACT THE ADHS AT 602-230-5830.